	MLA Revision (10/01/2008)	w et	Based On PTO/SB/17 (10-07)			
/OE	Effective on 1	0/01/2008	Complete if Known			
1.	Effective on 19 Fee pursuant to the Consolidated App	ropriations Act, 2005 (H.R. 4818).	Application Number	10/663,997	7	
DEC O	TON WEETRAN	SMITTAL	Filing Date	September 17, 2003	7	
	FOR FY		First Named Inventor	LEE, Soon Jo		
		2009	Examiner Name	Stephen Michael Gravini		
DENT &	Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	3749		
	TOTAL AMOUNT OF PAYMENT	(\$) 1030	Attorney Docket No.	9988.058.00		

METHOD OF PAYMENT (check all that apply)								
	Check	Credit Care	d Mo	ney Order	None	Other (plea	ase identify):	
	Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP							
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
	Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17							
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FI	E CALCULATION				· · · · · · · · · · · · · · · · · · ·			
1.	BASIC FILING, SEARC	H, AND E	XAMINATION F	EES				
	FILING FEES			SEARC			TION FEES	
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
	Utility	330	165	540	270	220	110	
	Design	220	110	100	50	140	70	
	Plant	220	115	330	165	170	85 20 <i>5</i>	
	Reissue	330	165	540 0	270 0	650 0	325 0	
	Provisional	220	110	U	U	U	U	
2.	EXCESS CLAIM FEES							Small Entity
	Fee Description		.!					<u>Fee (\$) Fee (\$)</u> 52 26
	Each claim over 20 (in Each independent clai	_	,	186)				220 110
	Multiple dependent cla		molading recissi	100)				390 195
	•	xtra Claim	s Fee (\$)	Fee	Paid (\$)		Multiple De	ependent Claims
	- 20 or HP = 0 x \$52 = 0 Fee (\$)						Fee Paid (\$)	
	HP = highest number of to	tal claims pa	aid for, if greater th	nan 20.			0	0
	Indep. Claims Ex	xtra Claim	<u>s</u> Fee (\$)	Fee	Paid (\$)			
	3 or HP = 0 x \$220 = 0							
	HP = highest number of independent claims paid for, if greater than 3.							
3.	APPLICATION SIZE FE	Ε						
	If the specification and di						0 (\$135 for small	entity) for each
	additional 50 sheets or fr							
		ra Sheets 0	/ 50 = 0		50 or fraction thup to a whole nun		Fee(\$)	Fee Paid (\$) = 0
4.	OTHER FEE(S)			•		•		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Two Month Extension of Time							490	
Fee for Filing Brief in Support of an Appeal							540	
						·		

SUBMITTED BY							
Signature	Mahal I. August	Registration No. (Attorney/Agent) 46,522	Telephone (202) 496-7500				
Name (Print/Type)	Michael I. Angert		Date December 8, 2008				